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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6000046 10/03/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **555 MCHENRY ROAD** ADDOLORATA VILLA WHEELING, IL 60090 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) \$ 000 Initial Comments S 000 Complaint Investigation 1997059\IL116045 S9999 Final Observations S9999 Statement of Licensure Findings 300.1210b)2)5) 300.1210d)3) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion **Attachment A** is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a Statement of Licensure Violations limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE 10/28/19

PRINTED: 12/12/2019 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: C B. WING IL6000046 10/03/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **555 MCHENRY ROAD** ADDOLORATA VILLA WHEELING, IL 60090 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Regulations were not met as evidence by: Based on interview and record review, the facility failed to use two staff members to reposition one (R1) of three residents reviewed, who require extensive assistance for bed mobility in a total sample of three residents. This failure resulted in

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shoulder and pain.

Findings include:

R1 sustaining a dislocation and fracture to her left

R1 was admitted to facility on 8/13/19, alert and oriented to person, place and time. Diagnoses

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arms the pull or lift her.

On 10/1/19 at 2:25pm, V5 (CNA) stated that we usually use 2 people to boost her up in bed, even before the shoulder injury. She has a lot of pain in her shoulders and you should not grab her upper

On 10/1/19 at 2:50pm, V8 (Registered Nurse, RN) stated that on 9/7/19, V3 told me that R1 had

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On 10/2/19 at 1:12pm, V12 (Physical Therapy Assistant, PTA) stated that R1 has arthritis and

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